



CITY OF MIAMI GARDNES

Building Department
1515 NW 167th Street, Building # 4
Miami Gardens, FL 33169
Office: (305) 622-8027 Fax: (305) 622-8557
www.miamigardens-fl.gov

PERMIT/ 40 YR RECERTIFICATION EXTENSION REQUEST

Date: _____

Re: Permit No. (if applicable): _____

Property Address: _____

To Whom It May Concern:

This letter is to request and extenssion on the above reference Permit or Recertification for the following reasons:

Sincerely:

(Owner/Owner's Agent or Contractor)

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____ 20 _____

☐

Personally known to me

☐

or Produced Identification

Type of Identification: _____

Identification No.: _____

Exp Date: _____

☐

Did take Oath

☐

Did not take Oath

Signature of Notary Public

Seal

FOR OFFICE USE ONLY

Reviewed by: _____

Date reviewed: _____

Permit Issued Date: _____

Last App Inspection Date: _____

Approved By: _____

Approved Date: _____

Extension Granted for: _____ days